



Office of the
Healthcare
Advocate
STATE OF CONNECTICUT

**Testimony of Victoria Veltri
State Healthcare Advocate
Before the Insurance and Real Estate Committee
In support of SB 202
March 6, 2014**

Good afternoon, Representative Megna, Senator Crisco, Senator Kelly, Representative Sampson, and members of the Insurance and Real Estate Committee. For the record, I am Vicki Veltri, State Healthcare Advocate with the Office Healthcare Advocate ("OHA"). OHA is an independent state agency with a three-fold mission: assuring managed care consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health plans; and, informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

Senate Bill 202 requires that insurers provide coverage for services delivered via telemedicine. OHA is offering an alternative to the language in this bill that would require that OHA return to this committee and the public health committee to report on our efforts through the State Innovation Model Initiative process on the evolution of telemedicine and telehealth generally in our broader health reform efforts.

Telemedicine, and telehealth more generally, is an important element in the development of a comprehensive, equitable and innovative delivery and reimbursement model. Telemedicine can greatly enhance consumer's access to their providers and makes important strides. As individuals integrate the digital environment into their lives, telemedicine represents a logical extension of this trend, and it is reasonable that Connecticut should be at the forefront of this movement.

Telemedicine has been integrated into healthcare treatment for well over a decade, and exponential advances in computing power and bandwidth technology are rendering it increasingly easy to access and share information in virtual environments. Routine reassessments of the benefits to health, access and cost using this model has resulted in a gradual but continuing expansion of this methodology. Through proper utilization of telemedicine, consumers may benefit in a multitude of areas. From increased informed decision making capability and enhanced quality of care, telemedicine has the potential to save lives through increased access to remote consultation for routine, chronic or acute care, resulting in earlier diagnoses and intervention. In addition, as EHRs become standardized and interconnected, providers will have increased access to each consenting patient's medical record.

This technology has been utilized for chronic homebound patients for years, with dramatic results. A pilot study linking homebound patients to remote monitoring systems resulted in a reduction of hospitalizations by 54%, with substantially better patient outcomes and dramatic cost savings. The expansion of access to

telemedicine services may impact a wide array of demographics – the elderly, vulnerable, rural, and those with mental health issues chief among them.

In the area of behavioral health, there is concrete evidence that telepsychiatry in school systems and home settings improved access to care, convenience of appointments and overall satisfaction with the modality.

While telemedicine holds great promise for innovation and increasing consumer's access to and quality of care, it will be important to clearly define what interactive telemedicine means—e.g., does it include email, or only real-time communications between clinicians and patients. More importantly, there should be clear utilization guidelines so that consumers know what services they are entitled to and providers know what services they can provide. Ambiguity could have a substantial chilling effect on the implementation for these populations most likely to derive benefit.

Telehealth is a subject that will be explored through the State Innovation Model Initiative's work groups. Payers, including Medicaid and private payers, are using or rolling out telehealth initiatives to varying degrees, including telemedicine and e-consults that allow providers to access specialists for consultations. The field is rapidly evolving; the most recent issue of the journal *Health Affairs* is dedicated to telehealth and the concrete evidence supporting its use, particularly to advance provider capacity. See *Health Affairs*, Vol. 33, No. 2 (February 2014).

Thank you for providing me the opportunity to deliver OHA's testimony today. If you have any questions concerning my testimony, please feel free to contact me at victoria.veltri@ct.gov.